

Mother and Infant Services



- Q1.** Section 4.2.5.3.4 (p.21): When we identify the geographic area, do we propose an entire region(s) or can we propose specific counties?
- R1.** **You may propose individual counties, but doing so may severely limited the number of slots awarded through this process.**
- Q2.** Section 4.2.5.3.4 (p.21): Is there a targeted number of slots per region/county? If yes, can we know that number?
- R2.** **That number is not known at this time but will be based upon current region utilization.**
- Q3.** Section 4.2.5.3.4 (p.21): Do the slots need to be provided in the same referring county, or can they simply be in the same region?
- R3.** **Regional**
- Q4.** Section 5.0: If more than core services are provided, after submitting an 1878, can the total cost exceed the \$100/slot?
- R4.** **The cost may not exceed \$100 per slot; however, additional services may be made, if identified in the ISP, and reimbursement paid to the provider via the 1878.**
- Q5.** Section 5.0: Can providers bill Medicaid for services?
- R5.** **Yes**
- Q6.** Section 5.0: If providers bill Medicaid, is the Medicaid money in addition to the \$100/slot or does this money get directed to DHR?
- R6.** **The rate is \$100, regardless of Medicaid Billing. There will be an expectation that the provider bill for Medicaid Services**
- Q7.** Section 5.0: If we can bill Medicaid, what can be billed to Medicaid and what is included in the \$100/slot?
- R7.** **Core Services. The \$100 rate is for the Mother and child. If the client comes to the provider prior to having the baby, the rate is still \$100 per day.**
- Q8.** Appendix E: Is the program income piece for private funds?
- R8.** **All funds.**
- Q9.** Section 3.3 K (p.17): If the provider pays 25% of the daycare costs, who covers the remaining 75%?
- R9.** **The other portion will be the responsibility of the county department or other party identified in the ISP.**



Q10. Section 3.2 H (p.15): Does staff have to be trained to be GPS Trainers? If so, will DHR provide that training?

R10. DHR will not provide GPS training. Providers, if providing the service in a foster home setting, must have the capacity to train their foster parents in the GPS model. GPS is not necessarily required if the service is being provided in the congregate setting.

Q11. Section 3.2 H (p.15): If a provider cannot be GPS Trainers, will DHR provide GPS training for new staff?

R11. See question 10

Q12. Section 3.3 G (p. 17): Are Mental Health services provided by the county DHR or provider? Are these services part of the \$100/slot?

R12. This bullet refers to Mental Health consultation and not providing Mental Health services to the child/youth. It is a core service and is a part of the daily rate.

Q13. Section 3.2 M (p.16): If a child is an extreme danger to themselves or others, are there any provisions for the 30-day notice?

R13. Yes, a 30-day notice is not required if the child has documented attempts to hurt themselves or others severely.

Q14. Section 5.0: Can indirect costs be billed in the 100/slot? If yes, can we use our indirect cost rate approved by the feds?

R14. This is a fixed rate of \$100 for mother and child.

Q15. Section 3.2 J (p.16): Is the EDS software made available to the provider at no cost? If not, what is the projected cost?

R15. EDS software is made available to the provider at no cost.

Q16. Do program participants remain in the program until they reach independence, or is there a specific time frame for the program?

R16. The decision to move a youth from this program to an Independent Living Program will be made by the ISP team.

Q17. Section 3: Scope of Project, Item 3.0 Mother and Infant Programs, page 15.

It is indicated that "Services may be provided in a residential or some alternative setting, such as a specialized foster home setting". If services are provided in a specialized foster home would the foster parents be eligible to receive the DHR foster home board payment from DHR? Would the agency provider receive the same daily rate proposed for services provided in a residential setting or should two rates

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be proposed, one for residential and one for foster care? Would the foster parents be expected to provide Basic Living Skills training that would be billed to Medicaid?

R17. If the services are provided in a foster care setting, the provider pays the room and board to the foster parents. The rates will be the same. Foster parents may provide the services for billing, only if they have received extensive therapeutic training similar to the Therapeutic Foster Care program.

Q18. Section 4.2.5.1.5 – Project Staff/Resumes/Job Descriptions

Is it allowable to have job descriptions as an attachment rather than in the body of the technical proposal? I understand that there has to be a description of the positions and the education and professional experience, etc. written in the body of the technical proposal, but can the actual formal job descriptions be attached as an attachment?

R18. Yes

Q19. Page 3 (same page number for all RFPs), Section 4.2.5 – Technical Proposal and 4.2.5 - Attachments

In the table of contents for all above listed proposals – Section 4 – PROPOSAL FORMAT AND INSTRUCTIONS – Section 4.2.5 is listed as TECHNICAL PROPOSAL – then further down on the section listed as ATTACHMENTS, the section number is again 4.2.5. Is this correct? We will have duplicate tabs for this section 4.2.5 and for the subsections 4.2.5.1. – 4.2.5.4

R19. This is not correct, you should not have duplicated tabs. ATTACHMENTS should read Section 4.2.5.5; Legal Status should read 4.2.5.5.1 and so on to Immigration Status Form section 4.2.5.5.5.